FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1.	Corporation		NTION					
	PINE KID	GE INVESTMENT CORPORA	ATION					
Principal Place of Business Mailing Address								
PINE RIDGE INVESTMENT CORP 9140 GOLFSIDE DRIVE								
9140 GOLFSIDE DR SUITE 11 11 11 ACKSONVILLE FL 32256 JACKSONVILLE FL 32256						DO NOT WRITE IN TH	IS SPACE	
BHOMOONIVICEE I E GEEST			US	SUMVILLE PC 32230		3. Date Incorporated or Qualifed		
"	,					06/01/1987		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Арр	lied For
21			26		59-2817059		Applicable	
-	Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ac	1
22	_		27					
	City & State					6. Election Campaign Financing	\$5.00 N _Added_to	•
23		Country Zip Cou			<u> </u>	8. This corporation owes the current year		1000
L	Zip					Personal Property Tax.	∏Yes [□No
24		25 29 3 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered		Agent	
┝		9. Name and Address of Current	Kegistered Agent	81	Name			
AYCOCK, LYNDA R.					Stroot Add	ress (P.O. Box Number is Not Acceptable)	· 	
3000 INDEPENDENT SQUARE					Street Add	mess (F.O. Box Number is Not vice opening)		
JACKSONVILLE FL 32202				83				•
				84	City		. 85 Zip C	ode
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was supported by the control of the contro					•	<u>F</u>	L	
					e-named corp	poration submits this statement for the purpose	of changing its recontract	egistered istered
		egistered agent, or both, in the State on Infamiliar with, and accept the obligat				ion's board of directors. Thoroby assure any		
Ι,	CICNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R 12 OFFICERS AND DIRECTORS					nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
-	12.		D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO CIT IDENS	Change	Addition
NAME AYCC		STD AVGGCK LYNDA B	- Detere	1.2 NAME				
		AYCOCK, LYNDA R.			TANNESS			
ĺ	STREET ADDRESS 3000 INDEPENDENT SQUARE			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIP JACKSONVILLE FL			☐ DELETE	2.1 TITLE			Change	☐ Addition
	YAME JONES, JAMES G.			2.2 NAME				
	TREET ADDRESS	9140 GOLFSIDE DRIVE, SUITE	#11	2.3 STREE	T ADDRESS			
_		JACKSONVILLE FL		2. 4 CITY-	ST-ZIP			
TITLE JACKSUNVILLE FL		VIOLOGITICAL I E	☐ DELETE	3.1 TITLE		سيارا به المجهورين والرحمة المستورات	Change	Addition
	NAME			3.2 NAME				
	STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		- Charac	- Addition
TITLE			☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
1	(AME			4. 2 NAME				
STREET ADORESS				4.3 STREE	T ADDRESS			
L	CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		☐ Change	☐ Addition
1	TITLE		☐ DELETE	5.1 TITLE				
1	NAME			5.2 NAME	TADORESS			
5	STREET ADDRESS			5.3 STREE	i			
-	CITY-ST-ZIP		☐ DELETE	6.1 TITLE	V1-4II		☐ Change	Addition
1	TITLE		☐ DECC15	6.2 NAME			— , -	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



FILED

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90063 039 ***150.00